

## Poster session 2

PS2:87

**Short-term return visits to the emergency department: significance and risk factors.**Vanbrabant Peter<sup>1</sup>,<sup>1</sup>UZ Leuven,

**Background:** Return visits in the emergency department (ED) comprise a significant number of ED visits. **Aims:** The purpose of this study was to determine the significance and to clarify the circumstances of short term return visits in ED patients seen by the general internal medicine (GIM) department. We were particularly interested in answering the following questions. What percentage of ED patients return within 72 hours of being seen? What are diagnostic predictors of ED return visits? **Method:** The study consisted of a retrospective observational study of all GIM patients that returned to the emergency department within 72 hours in a tertiary care hospital during one year (between July 1 2006 and June 30 2007). **Results:** There were 51210 visits to our ED during one year. A total of 1124 return visits occurred within 72 hours, meaning a return visit rate of 2,19% (95% CI 2,07-2,32). The rate of return visit after admission for GIM comes to 1,48% (95% CI 1,25-1,74). Most GIM return visits were unscheduled related (82%). The remainder were categorised as unscheduled unrelated and scheduled. 12 patients were scheduled to return to the ED: two underwent an agreed treatment (replacement of clotting factors for haemophilia, thrombin injection for a pseudoaneurysm), 3 got further diagnostic evaluation (endoscopy (2) and blood sample for malaria) and 7 were asked to come back for clinical re-evaluation. The reason for unscheduled related return visit was persisting complaints with the same diagnosis in 79 % of the patients. In the remaining minority of patients a new or additional diagnosis was made. Abdominal pain was the most common initial diagnosis in the early return group followed by fever, low back pain, diarrhoea, headache and dyspnoea. The prevalence of abdominal pain, diarrhoea, fever and low back pain was higher in the return visit group than its prevalence in the discharge group. On the other hand, headache and thoracic pain have a lower prevalence in the return visit group. Diarrhoea, fever and abdominal pain have the highest relative risk of early return (respectively 4.07, 1.82 and 1.72). **Conclusions:** The rate of return visits in our ED population of patients treated by the department of GIM is 1.48%. Abdominal pain, fever and low back pain were the most prevalent in the return visit group. Diarrhoea, abdominal pain and fever had the highest relative risk of early return. Abdominal pain patients need to be re-examined carefully and instructed about potential evolution before discharge.